

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. Type of Well

Oil
Well ☐Gas
Well ☐

Other

Gas Storage

Observation Well

Single
Zone ☐Multiple
Zone ☐

2. Name of Operator

Wexpro Company

3. Address of Operator

P. O. Box 458, Rock Springs, WY 82902

4. Location of Well (Report location clearly and in accordance with any State requirements.)*

At surface

NW SW, 948' FWL, 2269' FSL

At proposed prod. zone

5. Lease Designation and Serial No.

Fee ☒

6. If Indian, Allottee or Tribe Name

7. Unit Agreement Name

8. Farm or Lease Name

Coalville

9. Well No.

10

10. Field and Pool, or Wildcat

Coalville Gas Storage

11. Sec., T., R., M., or Blk.
and Survey or Area

10-2N-5E, SLB&M

14. Distance in miles and direction from nearest town or post office*

Two miles northeast of Coalville, Utah

12. County or Parrish 13. State

Summit

Utah

15. Distance from proposed*

location to nearest
property or lease line, ft.
(Also to nearest drlg. line, if any)

N/A

16. No. of acres in lease

N/A

17. No. of acres assigned
to this well

N/A

18. Distance from proposed location*
to nearest well, drilling, completed,
or applied for, on this lease, ft.

N/A

19. Proposed depth

2026'

20. Rotary or cable tools

Rotary

21. Elevations (Show whether DF, RT, GR, etc.)

GR 5647'

22. Approx. date work will start*

Immediately upon approval

23.

PROPOSED CASING AND CEMENTING PROGRAM

Size of Hole	Size of Casing	Weight per Foot	Setting Depth	Quantity of Cement
17-1/2"	13-3/8"	54.5	120	170 sxs w/3% CaCl & 1/4# flocele
12-1/4"	9-5/8"	36	1100	600 sxs w/3% CaCl & 1/4# flocele
8-3/4"	7"	20	2026	To be determined by caliper portion of sonic log.

This will be an observation well. After surface casing set, install a 13-5/8" 3000 psi hydraulically operated double gate preventer; casing and preventer rams will be pressure tested to 500 psi for 15 minutes. After intermediate casing set, install an 11" 3000 psi double gate hydraulically operated blowout preventer with 4 1/2" rams in the bottom and blind rams in the top, and an 11" 3000 psi annular preventer; surface casing, all preventer rams and Kelly valve will be pressure tested to 1100 psi for 15 minutes using rig pump and mud. All BOP's will have hand wheels installed which will be operative at time preventers are installed. Mud program: gel water base mud to 135', mud weight increased to 11.5 ppg with lost circulation material to preventer expected salt water flows between 300' and 1014' due to presence of slightly over-pressured salt water sands, 1100' to TD gel water base mud with minimum properties. Geologic tops: Frontier - surface; Chalk Creek Member - 1,014'; Spring Creek Member - 1699'; Observation Zone - 1,856'; Base Observation Zone - 1,894'; Longwall SS - 2,059'; Aspen Shale - 2,164'; Kelvin - 2,189'. Logs: DIL-SFL, CNL-FDC-GR with caliper, BHC-Sonic-GR w/Caliper, HDT & FIL from surface casing to TD. Core 60' from 1960'-2020'. Run DST for any significant gas show from surface casing to TD. No H2S.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

Signed

Lee Martin

Title Assistant Drilling Sup't

Date 10-14-83

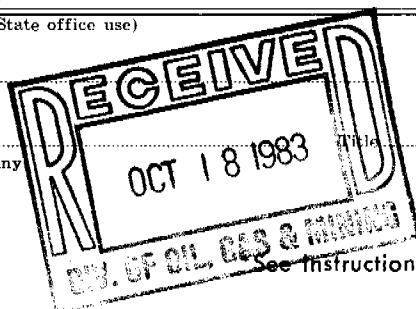
(This space for Federal or State office use)

Permit No.

Approval Date

Approved by

Conditions of approval, if any

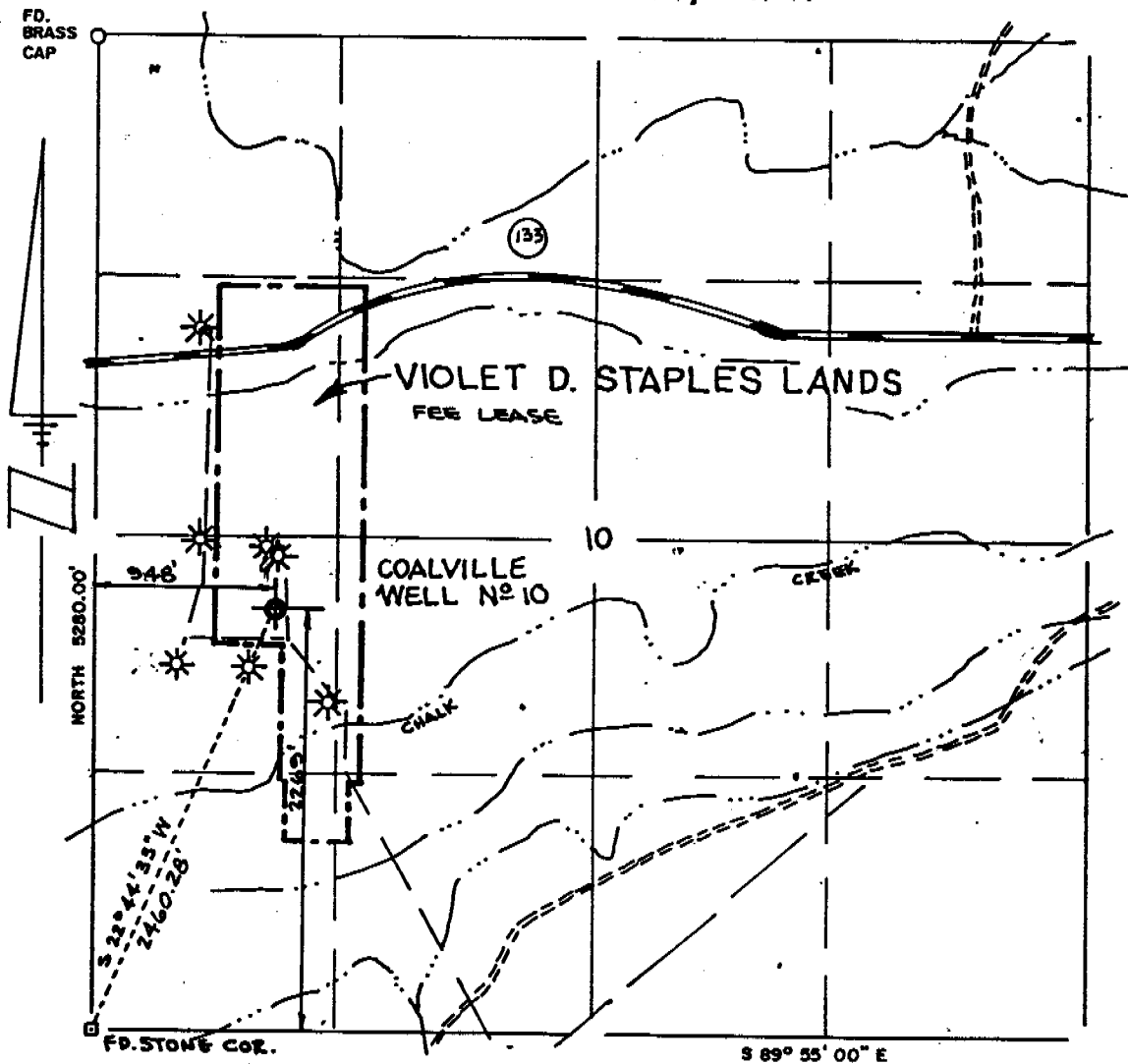
APPROVED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING

DATE:

BY:

See Instructions On Reverse Side

T.2N.,R.5E.,S.1.B.&M.
SUMMIT COUNTY, UTAH



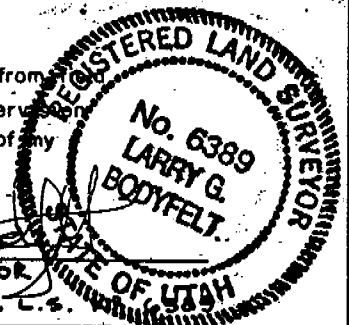
LOCATION PLAN
SCALE 1"=1000

This is to certify that the above plat was prepared from notes of actual surveys made by me or under my supervision and that the same are true and correct to the best of my knowledge.

LEGEND

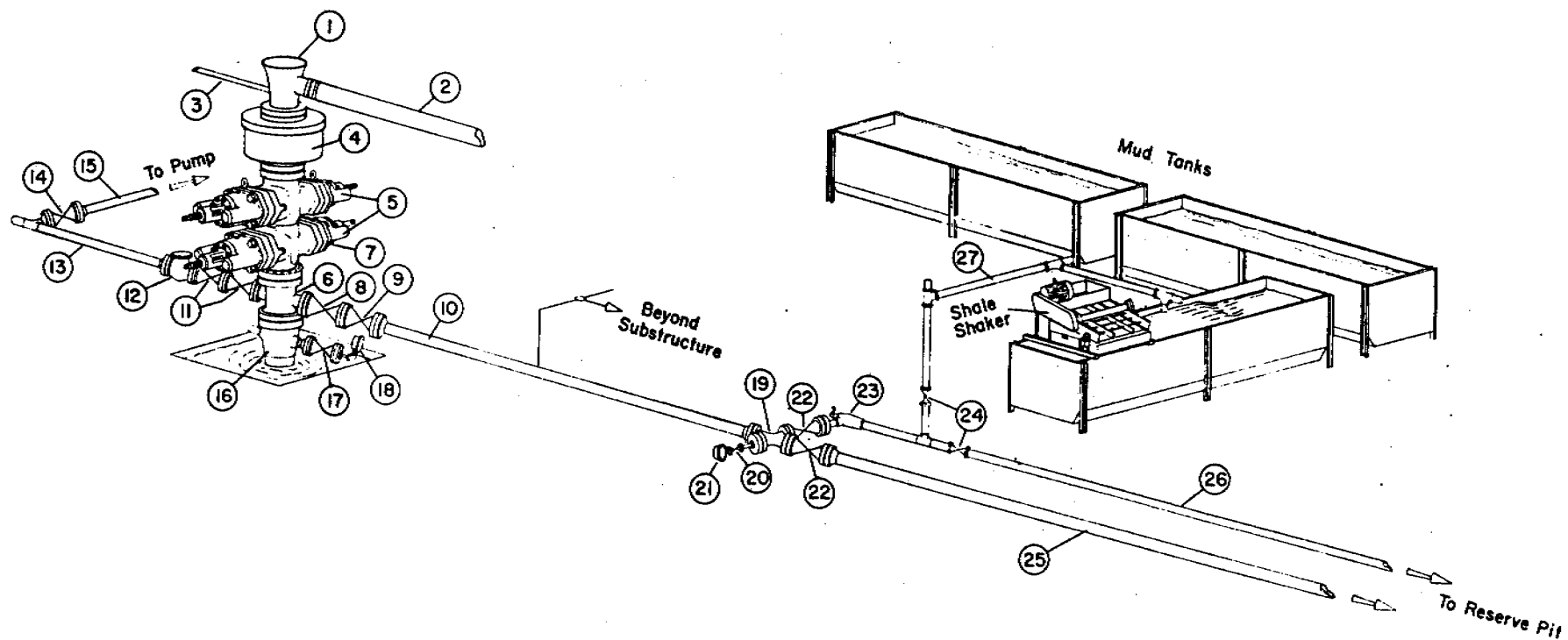
- ⊙ Well
- ⊕ Stone Corner
- ◆ Pipe Corner

LARRY G. BODYFELT, UTAH REG. L.S.



ENGINEERING RECORD		MOUNTAIN FUEL SUPPLY COMPANY	
SURVEYED BY	M.K.K. 10/6/83	CERTIFIED WELL LOCATION AND WELL SITE PLAN COALVILLE WELL No 10	
REFERENCES	G.L.O. PLAT <input checked="" type="checkbox"/> U.S.G.S. QUAD. MAP <input checked="" type="checkbox"/>		
LOCATION DATA			
FIELD	COALVILLE	DRAWN: 10/12/83 C.R.W. SCALE: 1"=1000	
LOCATION: NW 1/4 SW 1/4 SEC. 10, T.2 N., R.5 E., S.1.B.&M. 948' FWL, 2265 FSL			
SUMMIT COUNTY, UTAH		CHECKED:	DRWG. NO. M-22134 1/4
WELL ELEVATION: 5647' AS GRADED DETERMINED BY TRIG. LEVELS FROM CO. BENCH MARK.		APPROVED:	

CELSIUS/WEXPRO
3000 psi BLOWOUT PREVENTION EQUIPMENT



STANDARD STACK REQUIREMENTS

Nº	ITEM	NOMINAL	ID	TYPE	FURNISHED BY	
					OPER.	CONTR.
1	Drilling Nipple					
2	Flowline					
3	Fill up Line	2"				
4	Annular Preventer			Hydril Cameron Shaffer		
5	Two Single or One dual Hydril oper rams.			H. ORC; F. LWS; B. F.		
6	Drilling spool with 3" and 2" outlets			Forged		
7	As Alternate to (6) Run & Kill and Choke lines from outlets in this ram					
8	Gate Valve		3-1/8			
9	Valve-hydraulically operated (Gate)		3-1/8			
10	Choke Line	3"				
11	Gate Valves		2-1/16			
12	Check Valve		2-1/16			
13	Kill Line	2"				
14	Gate Valve		2-1/16			
15	Kill Line to Pumps	2"				
16	Casing Head					
17	Valve Gate _____ Plug _____		1-13/16			
18	Compound Pressure Cage					
	Wear Bushing					

STANDARD CHOKE AND KILL REQUIREMENTS

[illegible]

OPERATOR WEXPRO DATE 10-18-83
WELL NAME COALVILLE ~~OBSERVATION~~ #10
SEC NW SW 10 T 2N R 5E COUNTY SUMMIT

43-043-30244
API NUMBER

FEE
TYPE OF LEASE

POSTING CHECK OFF:

☐

INDEX

☐

MAP

☒

HL

☐

NID

☒☒

PI

PROCESSING COMMENTS:

OBSERVATION WELL FOR COALVILLE GAS STORAGE
FORMATION - NOT AUTHORIZED FOR INJECTION,
PRODUCTION, OR WITHDRAWAL

✓ CHIEF PETROLEUM ENGINEER REVIEW:
10/20/83

APPROVED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING
DATE: 10-18-83
BY: [Signature]

APPROVAL LETTER:

SPACING:

☐

A-3

UNIT

☒

c-3-a

148-1 314-73
CAUSE NO. & DATE

☐

c-3-b

☐

c-3-c

SPECIAL LANGUAGE:

(1) WATER

(2) THIS WELL IS AUTHORIZED AS AN OBSERVATION
WELL ONLY, AND INJECTION OR WITHDRAWAL
USAGE IS NOT PERMITTED.

☐ RECONCILE WELL NAME AND LOCATION ON APD AGAINST SAME DATA ON PLAT MAP.

☐ AUTHENTICATE LEASE AND OPERATOR INFORMATION

☒ VERIFY ADEQUATE AND PROPER BONDING *ok*

☐ AUTHENTICATE IF SITE IS IN A NAMED FIELD, ETC.

☐ APPLY SPACING CONSIDERATION

☐ ORDER _____

☐ UNIT _____

☐ c-3-b

☐ c-3-c

☐ CHECK DISTANCE TO NEAREST WELL.

☐ CHECK OUTSTANDING OR OVERDUE REPORTS FOR OPERATOR'S OTHER WELLS.

☐ IF POTASH DESIGNATED AREA, SPECIAL LANGUAGE ON APPROVAL LETTER

☐ IF IN OIL SHALE DESIGNATED AREA, SPECIAL APPROVAL LANGUAGE.

October 18, 1983

Wexpro Company
P. O. Box 458
Rock Springs, Wyoming 82902

RE: Well No. Coalville #10
NWSW Sec. 10, T. 2N, R. 5E
2269' PSL, 948' FWL
Summit County, Utah

Gentlemen:

Insofar as this office is concerned, approval to drill the above referred to gas storage observation well is hereby granted in accordance with the Order issued in Cause No. 148-1 dated March 14, 1973. Prior to spudding, a copy of the Utah Division of Water Rights (Phone No. 801-533-6071) approval for use or purchase of drilling water must be submitted to this office, otherwise this approval is void. This well is authorized as an observation well only, and injection or withdrawal usage is not permitted.

Should you determine that it will be necessary to plug and abandon this well, you are hereby requested to immediately notify the following:

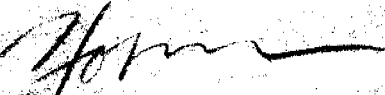
RONALD J. FIRTH - Chief Petroleum Engineer
Office: 533-5771
Home: 571-6068

Enclosed please find Form OGC-8-X, which is to be completed whether or not water sands (aquifers) are encountered during drilling. Your cooperation in completing this form will be appreciated.

Further, it is requested that this Division be notified within 24 hours after drilling operations commence, and that the drilling contractor and rig number be identified.

The API number assigned to this well is 43-043-30244.

Sincerely,



Norman C. Stout
Administrative Assistant

NCS/as
Encl.

water OKg

DIVISION OF OIL, GAS AND MINING

SPODDING INFORMATION

NAME OF COMPANY: WEXPRO COMPANY

WELL NAME: Coalville #10

SECTION NWSW 10 TOWNSHIP 2N RANGE 5 E COUNTY Summit

DRILLING CONTRACTOR MGF

RIG # 61

SPODDED: DATE 11-7-83

TIME 4:00 AM

How Rotary

DRILLING WILL COMMENCE _____

REPORTED BY Cathy Flansburg

TELEPHONE # 307-382-9791

DATE 11-7-83 SIGNED _____ MAP _____

Summit Co. (Weppu?)
S10, 2 SE
N

BLOW OUT

Te
↓

The Celsius Colville #10
observation well blew
out approx 12:30 PM
11-17-83. It was controlled
through the BOP, and
was vented until it
was killed at 4:20 PM.
They were retrieving an
electric line at 1420 ft,
and no drill string was
in the hole. It was not
known if the gas was
a new discovery, or if
stored gas was migrating
to higher formations. No
injuries.

(more)

Yofu
11-17-83

Contacts during the situation
were Tom Colson (first
report), Ruler Hill,
and Bob Rasmussen
(bill report).

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Observation Well - Gas Storage		5. LEASE DESIGNATION AND SERIAL NO. Fee	
2. NAME OF OPERATOR Wexpro Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	
3. ADDRESS OF OPERATOR P. O. Box 458, Rock Springs, WY 82902		7. UNIT AGREEMENT NAME ---	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NW SW, 948' FWL, 2269' FSL		8. FARM OR LEASE NAME Coalville	
14. PERMIT NO.		9. WELL NO. 10	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 5647'		10. FIELD AND POOL, OR WILDCAT Coalville Gas Storage	
		11. SEC., T., R., M., OR BLK. AND SUBST OR AREA 10-2N-5E, SLB&M	
		12. COUNTY OR PARISH Summit	13. STATE Utah

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

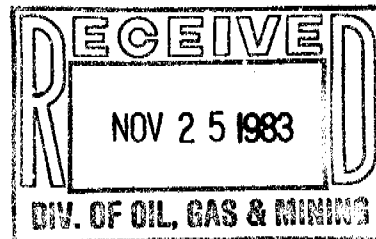
WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) Supplemental History ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Depth 120', drilling.

Spudded November 7, 1983 at 4:00 a.m.



18. I hereby certify that the foregoing is true and correct

SIGNED

C. J. Mauer

TITLE

Drilling Superintendent

DATE

11-10-83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

DEC - 7 1983

RECEIVED
A TRIPLICATE*
instructions on
reverse side

SUNDRY NOTICES AND REPORTS ON WELLS, GAS & MINING

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Observation Well - Gas Storage		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Wexpro Company		Fee IF INDIAN, ALLOTTEE OR TRIBE NAME --	
3. ADDRESS OF OPERATOR P. O. Box 458, Rock Springs, WY 82902		7. UNIT AGREEMENT NAME --	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NW SW, 948' FWL, 2269' FSL		8. FARM OR LEASE NAME Coalville	
14. PERMIT NO.		9. WELL NO. 10	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) GR 5647' KB 5661.60'		10. FIELD AND POOL, OR WILDCAT Coalville Gas Storage	
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA 10-2N-5E, SLB&M	
		12. COUNTY OR PARISH Summit	13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Supplemental History	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Depth 2018', drilling.

Landed 13-3/8" OD, 54.50#, K-55, 8 rd thrd, ST&C casing at 109.84' KBM or 14.60' below KB at ground level, casing is cemented with 170 sacks Type H cement treated with 3% CaCl and 1/4#/sack flocele, good and full returns while cementing, did not bump plug, cement in place at 8:00 A.M., 11-8-83.

Landed 9-5/8" OD, 36#, K-55, 8 rd thrd, ST&C casing at 1420.31' KBM or 14.60' below KB, cemented with 600 sacks Type G cement treated with 3% CaCl and 1/4#/sack flocele, good and full returns while cementing, did not bump plug, plug down at 12:00 midnight 11-20-83.

DST #1: TD 1024', Packers 980' & 974', 100 unit increase, IO 19 mins, ISI 60 mins, strong blow immediately, gas in 5 mins, shut in after 19 mins, 1/4" choke, 5 mins 120 MCF, 10 mins 92 MCF, 15 mins 72 MCF, 19 mins 58 MCF, recovered 470' water cut mud, 10.1 ppg, 0.4%, 16,000 ppm chlorides, sample chamber recovery 2250 cc gas cut mud, 150 psi, 0.2% @ 68°, 32,000 ppm, 10.8 ppg, IHP 507, IOFP's 191-210, ISIP 497, FHP 507, BHT 85°F.

DST #2: TD 1505', Packers 1468' & 1474', 480 unit increase, IO 20 mins, ISI 60 mins, FO 120 mins, FSI 210 mins, opened strong, GTS in 3 mins, 5 mins 758 MCF, 10 mins 905 MCF, 15 mins 905 MCF, reopened strong, 30 mins 1615 MCF, 60 mins 1615 MCF, 90 mins 1615 MCF, 120 mins 1615 MCF, recovered 190' gas cut mud, 12.5 ppg, Rw 2.1 @ 68°, 1750 ppm, pit mud 13 ppg, Rw 1.7 @ 68°, 2100 ppm, MFE: 700 psig, 4.6 cubic feet gas, IHP

18. I hereby certify that the foregoing is true and correct

(Continued on reverse)

SIGNED

C. J. Mauer

TITLE Drilling Superintendent

DATE 12-1-83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

DST #2 (Continued)
984, IOFP's 485-781, ISIP 808, FOFP's 513-603, FSIP 790, FHP 1002, BHT 85°F.

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Observation Well - Gas Storage		5. LEASE DESIGNATION AND SERIAL NO. Fee	
2. NAME OF OPERATOR Wexpro Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME --	
3. ADDRESS OF OPERATOR P. O. Box 458, Rock Springs, WY 82902		7. UNIT AGREEMENT NAME --	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NW SW, 948' FWL, 2269' FSL		8. FARM OR LEASE NAME Coalville	
14. PERMIT NO.		9. WELL NO. 10	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) GR 5647' KB 5661.60'		10. FIELD AND POOL, OR WILDCAT Coalville Gas Storage	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 10-2N-5E, SLB&M	
		12. COUNTY OR PARISH Summit	13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

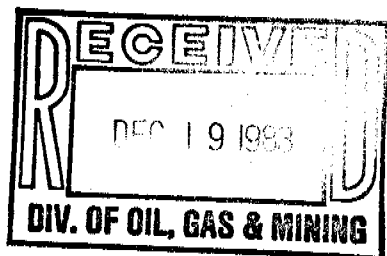
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Supplemental History</u> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Total Depth 2018', rig released 12-2-83 at 10:00 P.M., waiting on workover rig for completion operations.

Landed 7" OD, 20#, K-55, 8 rd thrd, ST&C casing at 2010.81' KBM or 14.60' below KB on slips in a NSCo. 11" 3000 psi casing flange with full indicator weight of 40,000#, circulated casing 30 minutes prior to cementing, cemented with 300 sacks 50-50 Pozmix with 2% gel treated with 2% CaCl & 1/4# flocele per sack, tailed in with 125 sacks Regular Type G cement treated with 0.75% D-31 and 1/4# flocele per sack, full returns throughout all cementing operations, rotated pipe through all cementing operations, returned 24 barrels cement slurry to surface, bumped plugs to 1600 psi, float equipment held okay, pressure tested seals on 11" 3000 psi by 6" 3000 psi tubing spool to 1500 psi, held okay, cement in place at 9:30 P.M., 12-1-83.



18. I hereby certify that the foregoing is true and correct

SIGNED

A. J. Maser

TITLE Drilling Superintendent

DATE 12-14-83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

IN TRIPLICATE*
(Other instructions on
reverse side)

2

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
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14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.) GR 5647' KB 5661.60'	12. COUNTY OR PARISH Summit	13. STATE Utah

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

REPAIRING WELL

☐
☐
☐
☐

SHOOTING OR ACIDIZING

ALTERING CASING

(Other)

Supplemental History

ABANDONMENT*

xx

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

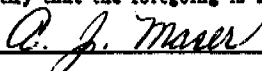
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Total Depth 2018', rig released 12-2-83 at 10:00 P.M., waiting on workover rig for completion operations.

DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED



TITLE Drilling Superintendent

DATE 1-9-84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

5. LEASE DESIGNATION AND SERIAL NO.

Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Coalville

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Coalville Gas Storage

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

10-2N-5E, SLBM

12. COUNTY OR
PARISH
Summit13. STATE
Utah

14. PERMIT NO.

DATE ISSUED

43-043-30244

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☐ Other Observation Wellb. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other Gas Storage

2. NAME OF OPERATOR

Wexpro Company

3. ADDRESS OF OPERATOR

P. O. Box 458, Rock Springs, WY 82902

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface NW SW, 948' FWL, 2269' FSL

At top prod. interval reported below

At total depth

**DIVISION OF
OIL, GAS & MINING**

15. DATE SPURRED 11-7-83	16. DATE T.D. REACHED 12-2-83	17. DATE COMPL. (Ready to prod.) 2-5-84	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* GR 5647' KB 5661.60'	19. ELEV. CASINGHEAD
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20. TOTAL DEPTH, MD & TVD 2018'	21. PLUG, BACK T.D., MD & TVD 1965'	22. IF MULTIPLE COMPL., HOW MANY* 2	23. INTERVALS DRILLED BY →	ROTARY TOOLS X	CABLE TOOLS
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24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

980'-1020' KBM - Chalk Creek
 1489'-1491' KBM

25. WAS DIRECTIONAL
SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN

DIL, BHC, GNL, RDC, Dipmeter, NCT

27. WAS WELL CORRED

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8"	54.5#	110'	17-1/2"	170 sx Type H w/3% CaCl	
9-5/8"	36#	1420'	12-1/4"	600 sx Type G w/3% CaCl	
7"	20#	2011'	8-3/4"	300 sx 50-50 Poxmix w/2% gel & 2% CaCl	
				125 sx Type G w/.75% D-31	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	948'	
					2-3/8"	1406'	1400'

31. PERFORATION RECORD (Interval, size and number)

980'-1020' KBM with two shots per foot
 1489'-1491' KBM with two shots per foot

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION

DATE FIRST PRODUCTION 2-4-84		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Shut-in	
DATE OF TEST 2-4-84	HOURS TESTED 24	CHOKE SIZE ---	PROD'N. FOR TEST PERIOD →	OIL—BBL. ---	GAS—MCF. 448	WATER—BBL. ---	GAS-OIL RATIO ---
FLOW. TUBING PRESS. 35	CASING PRESSURE ---	CALCULATED 24-HOUR RATE →	OIL—BBL. ---	GAS—MCF. 448	WATER—BBL. ---	OIL GRAVITY-API (CORR.) ---	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE Director, Petroleum Eng.DATE 2-29-84

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Valley Fill Chalk Creek Spring Canyon Observation Zone	Surface 90' 1,710' 1,862'	

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

1. TYPE OF WELL OIL WELL ☐ GAS WELL ☐ OTHER Gas Storage/Inject. Withdrawal

2. NAME OF OPERATOR:
Questar Pipeline Company

3. ADDRESS OF OPERATOR: P.O. Box 45360 CITY SLC STATE UT ZIP 84145-0360 PHONE NUMBER: (801) 324-5555

4. LOCATION OF WELL
FOOTAGES AT SURFACE: 948' FWL, 2269' FSL
QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: NW SW 10 2N 5E SLM

5. LEASE DESIGNATION AND SERIAL NUMBER:

Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

N/A

7. UNIT or CA AGREEMENT NAME:

Coalville Gas Storage

8. WELL NAME and NUMBER:

Coalville 10

9. API NUMBER:

4304330244

10. FIELD AND POOL, OR WILDCAT:

Coalville Gas Storage

COUNTY: Summit

STATE: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
<input type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: _____	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input checked="" type="checkbox"/> OTHER: <u>Name Change</u>
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Purpose is to inform of the change in name on the subject leases from ~~Mountain Fuel Supply Company~~ to Questar Pipeline Company.
Wexpro Company

Effective 3/7/88

Approved:

Property

Property

Engineer

Legal

V.P.

TITLE

DATE

Manager, Engineering & Project Management

NAME (PLEASE PRINT) R. J. Zobell

SIGNATURE

(This space for State use only)

RECEIVED

JAN 13 2004

DIV. OF OIL, GAS & MINING

OPERATOR CHANGE WORKSHEET

ROUTING

1. GLH

2. CDW

3. FILE

Change of Operator (Well Sold)

Designation of Agent/Operator

X Operator Name Change

Merger

The operator of the well(s) listed below has changed, effective:

3/7/1988

FROM: (Old Operator):	TO: (New Operator):
N1070-Wexpro Company PO Box 45360 Salt Lake City, UT 84145-0360 Phone: 1-(801) 534-5267	N7560-Questar Pipeline Company PO Box 11450 Salt Lake City, UT 84147 Phone: 1-(801) 530-2019

CA No.

Unit:

WELL(S)

NAME	SEC	TWN	RNG	API NO	ENTITY NO	LEASE TYPE	WELL TYPE	WELL STATUS
COALVILLE GAS STORAGE 8	10	020N	050E	4304330192	99990	Fee	GS	A
COALVILLE GAS STORAGE 9	10	020N	050E	4304330193	99990	Fee	GS	A
COALVILLE GAS STORAGE 10	10	020N	050E	4304330244	99990	Fee	GS	A
COALVILLE GAS STORAGE 12	09	020N	050E	4304330249	99990	Fee	GS	A
CLAY BASIN UNIT 5	20	030N	240E	4300915629	1025	Fee	GS	A
CLAY BASIN UNIT 3	16	030N	240E	4300915627	1025	State	GS	A
CLAY BASIN UNIT 27-S	16	030N	240E	4300930018	1025	State	GS	A
CLAY BASIN UNIT 52-S	16	030N	240E	4300930048	1025	State	GS	A
CLAY BASIN UNIT 53-S	16	030N	240E	4300930049	1025	State	GS	A
CLAY BASIN UNIT 59-S	16	030N	240E	4300930055	1025	State	GS	A
CLAY BASIN UNIT 35-S	17	030N	240E	4300930026	1025	Federal	GS	A
CLAY BASIN UNIT 40-S	20	030N	240E	4300930031	1025	Federal	GS	A
CLAY BASIN UNIT 49-S	20	030N	240E	4300930045	1025	Federal	GS	A
CLAY BASIN UNIT 2	21	030N	240E	4300915626	1025	Federal	GS	A
CLAY BASIN 24-S	21	030N	240E	4300930015	1025	Federal	GS	A
CLAY BASIN UNIT 25-S	21	030N	240E	4300930016	1025	Federal	GS	A
CLAY BASIN UNIT 26-S	21	030N	240E	4300930017	1025	Federal	GS	A
CLAY BASIN 30-S	21	030N	240E	4300930019	1025	Federal	GS	A
CLAY BASIN UNIT 33-S	21	030N	240E	4300930024	1025	Federal	GS	A

OPERATOR CHANGES DOCUMENTATION

Enter date after each listed item is completed

- (R649-8-10) Sundry or legal documentation was received from the FORMER operator on: 1/13/2004
- (R649-8-10) Sundry or legal documentation was received from the NEW operator on: 1/13/2004
- The new company was checked on the Department of Commerce, Division of Corporations Database on: 1/14/2004
- Is the new operator registered in the State of Utah: YES Business Number: 649172-0142
- If NO, the operator was contacted on: _____

6. (R649-9-2)Waste Management Plan has been received on:

IN PLACE

7. **Federal and Indian Lease Wells:** The BLM and or the BIA has approved the merger, name change, or operator change for all wells listed on Federal or Indian leases on: 3/9/1989

8. **Federal and Indian Units:**

The BLM or BIA has approved the successor of unit operator for wells listed on: n/a

9. **Federal and Indian Communization Agreements ("CA"):**

The BLM or BIA has approved the operator for all wells listed within a CA on: n/a

10. **Underground Injection Control ("UIC"** The Division has approved UIC Form 5, Transfer of Authority to Inject, for the enhanced/secondary recovery unit/project for the water disposal well(s) listed on: N/A

DATA ENTRY:

1. Changes entered in the Oil and Gas Database on: 1/29/2004
2. Changes have been entered on the Monthly Operator Change Spread Sheet on: 1/29/2004
3. Bond information entered in RBDMS on: 1/29/2004
4. Fee wells attached to bond in RBDMS on: 1/29/2004
5. Injection Projects to new operator in RBDMS on: n/a

STATE WELL(S) BOND VERIFICATION:

1. State well(s) covered by Bond Number: 965003032

FEDERAL WELL(S) BOND VERIFICATION:

1. Federal well(s) covered by Bond Number: 965002976

INDIAN WELL(S) BOND VERIFICATION:

1. Indian well(s) covered by Bond Number: n/a

FEE WELL(S) BOND VERIFICATION:

1. (R649-3-1) The NEW operator of any fee well(s) listed covered by Bond Number 965003033
2. The FORMER operator has requested a release of liability from their bond on: N/A
The Division sent response by letter on: N/A

LEASE INTEREST OWNER NOTIFICATION:

3. (R649-2-10) The FORMER operator of the fee wells has been contacted and informed by a letter from the Division of their responsibility to notify all interest owners of this change on: 1/29/2004

COMMENTS:

NEW ENTITY NUMBERS ASSIGNED FEBRUARY 2004

ACCT	OPERATOR NAME	API NUM.	Sec	Twtnshp	Rng	WELL NAME	ENTITY	EFF DATE	REASON
N7560	Questar Pipeline Co	4304310691	09	020N	050E	Coalville Gas Storage 1	99990 to 14038	2/10/2004	Coalville Gas Storage
N7560	Questar Pipeline Co	4304330005	10	020N	050E	Coalville Gas Storage 2	99990 to 14038	2/10/2004	Coalville Gas Storage
N7560	Questar Pipeline Co	4304330007	10	020N	050E	Coalville Gas Storage 3	99990 to 14038	2/10/2004	Coalville Gas Storage
N7560	Questar Pipeline Co	4304330009	10	020N	050E	Coalville Gas Storage 4	99990 to 14038	2/10/2004	Coalville Gas Storage
N7560	Questar Pipeline Co	4304330011	10	020N	050E	Coalville Gas Storage 5	99990 to 14038	2/10/2004	Coalville Gas Storage
N7560	Questar Pipeline Co	4304330020	10	020N	050E	Coalville Gas Storage 6	99990 to 14038	2/10/2004	Coalville Gas Storage
N7560	Questar Pipeline Co	4304330021	10	020N	050E	Coalville Gas Storage 7	99990 to 14038	2/10/2004	Coalville Gas Storage
N7560	Questar Pipeline Co	4304330192	10	020N	050E	Coalville Gas Storage 8	99990 to 14038	2/10/2004	Coalville Gas Storage
N7560	Questar Pipeline Co	4304330193	10	020N	050E	Coalville Gas Storage 9	99990 to 14038	2/10/2004	Coalville Gas Storage
N7560	Questar Pipeline Co	4304330244	10	020N	050E	Coalville Gas Storage 10	99990 to 14038	2/10/2004	Coalville Gas Storage
N7560	Questar Pipeline Co	4304330249	09	020N	050E	Coalville Gas Storage 12	99990 to 14038	2/10/2004	Coalville Gas Storage

Note to file: These entity numbers
were changed to compliment the
operator correction from 3/7/98